DEPARTMENT USE ONLY:				
Ref No.	Rel No.	C/R No.	Date Proc.	

STATE OF NEW JERSEY DEPARTMENT OF BANKING and INSURANCE

OFFICE OF CONSUMER FINANCE LICENSING SERVICES

INDICATE AUTHORITY(ies):				
Mortgage Banker	Mortgage Broker	Correspondent Mortgage Banker		
Secondary Mortgage Lender				

LICENSED LENDERS INDIVIDUAL APPLICATION

YOU MUST INDICATE HERE WHETHER YOU HAVE EVER HAD A LICENSE ISSUED BY THIS				
	TMENTYES		Mala Famala	
		Male Female Social Security No		
Residen	ace Address (include county	y):		
Employ	ring Company:		_Reference No	
Address	s of location where you ar	e employed:		
Yes	No Additional	your firm who is to be the LICENSED I I licensee Y FOR THE PAST FIVE YEARS	NDIVIDUAL OF RECORD?	
LIGIT	NAME	ADDRECC	DATES	
or n inve	nisdemeanor in this state, estigation or on probation we you ever had a license,	sted or convicted (other than for motor versions or parole? Yes No or right to engage in this or any other burestrained by any agency of this state, any	ment, or are you presently under siness or profession, penalized,	

3. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with an entity that has filed a petition in bankruptcy or reorganization? Yes No If yes, give particulars on a separate schedule including date of bankruptcy and copy of discharge, if applicable.				
	e past two years, have you been involv Yes No	ved as a defendant in any litigation concerning the licensed		
		ing to comply with court ordered child support obligations? oligations for a period of six months or more? YesNo		
	wered Yes to any of the above questice documentation.	ons, provide detailed explanation and attach copies of any		
	<u>INDIVIDUA</u>	AL CERTIFICATION		
of my knowle lender individ	dge and belief. This application is ma ual license and I understand that any i	depose and say that the answers set forth are true to the best ade for the purpose of inducing the issuance of a licensed information withheld or which represents a material if this application by the Commissioner of Banking and		
Print Full Name	3	_		
Signature		Date		
Subscribed and	sworn to before me at			
this	day of20)		
	(Official Title)			
	<u>EMPLOYE</u>	R CERTIFICATION		
This is to cert	ify that	is authorized to apply for a		
Licensed Lene	(Name of Applicant der Individual license in my employ.	E)		
		Signature of Corporate President, Partner or Sole Proprietor		
		Date		
NOTE: Rev 11/02		bers is mandatory for child support enforcement purposes. of Social Security Numbers is established at P.L. 1996, c7		